Docket No. LS/0001.01

PTO/SB/06 (08-00)
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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number APPLICATION FEE DETERMINATION RECORD 09/434.703 OTHER THAN AIMS AS FILED - PART I SMALL ENTITY **SMALL ENTITY** (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE FEE **RATE** BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS 68 minus 20 = 48 OR x \$ (37 CFR 1.16(c)) INDEPENDENT CLAIMS 3 minus 3 = 0 OR 002 (37 CFR 1.16(b)) (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR Technology Center 2600 TOTAL **TOTAL** OR \* If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II **SMALL ENTITY** OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-⋖ REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE MENDMENT PAID FOR OR Total 68 0 0 68 Minus (37 CFR 1.16(c)) OR Independent \*\*\* 0 0 42 Minus = = (37 CFR 1.16(b)) OR (37 CFR 1.16(d)) 140 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 0 OR TOTAL TOTAL. 0 OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-8 REMAINING **PRESENT** NUMBER RATE TIONAL TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL RATE TIONAL AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus = x \$ OR Independent Minus (37 CFR 1.16(b)) OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE ADDIT. FEE \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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